

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>09/673605</b>	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51			1	
2		1		1			52				
3		1		1			53				
4		1		1			54				
5	1		1				55				
6		1		1			56				
7	1		1				57				
8		1		1			58				
9	1		1				59				
10		2		2			60				
11	1		1				61				
12		1		1			62				
13		1		1			63				
14		1		1			64				
15	1		1				65				
16		1		1			66				
17		1		1			67				
18		1		1			68				
19		1		1			69				
20		1		1			70				
21		1		1			71				
22	1		1				72				
23		1		1			73				
24		1		1			74				
25		1		1			75				
26		3		3			76				
27	1		1				77				
28		1		1			78				
29		1		1			79				
30	1		1				80				
31		1		1			81				
32		1		1			82				
33		1		1			83				
34	1		1				84				
35		1		1			85				
36		1		1			86				
37		1		1			87				
38	1		1				88				
39		1		1			89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	11						TOTAL IND.			12	
TOTAL DEP.	3						TOTAL DEP.			42	
TOTAL CLAIMS	14						TOTAL CLAIMS			54	

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